A synopsis for Phd research work on the topic of

A Study of Quality of Life of Elderly People in Relation to Social Support and Locus of Control

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University Department of Psychology

(Faculty of Social Sciences)

L.N. Mithila University,

Kameshwaranagar, Darbhanga (Bihar)

Under the supervision of

Prof (Dr.) Dhrub Kumar

University Department of Psychology

L.N. Mithila University,

Darbhanga (Bihar).

Submitted by

Abhishek Kumar

Research Scholar

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Roll No: - E2217047

TOPIC OF RESEARCH

A STUDY OF QUALITY OF LIFE OF ELDERLY PEOPLE IN RELATION TO SOCIAL SUPPORT AND LOCUS OF CONTROL

INTRODUCTION

The purpose of the present research proposal is to investigate the current quality of life of elderly people at one hand and to ascertain the role of social support and locus of control in determining the quality of life. Quality of life is an important concept in the field of international development because it allows development to be analysed on a measure that is generally accepted as more comprehensive than the standard of living. Quality of life is a perception of a person in relation to a combination of physical, mental and social welfare. It is a broad and multidimensional concept that includes subjective evaluations of both positive and negative aspects of life. The important domains of overall quality of life are health, jobs, housing, schools, the neighbourhood, etc.

The WHO (World Health Organisation) define quality of life in terms of an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." In ageing populations, the desire to spend the most advanced years in a good self-assessed health condition has gained more relevance (Loayza, & Valenzuela, 2021). There is growing interest in understanding the relationships between health-related quality of life (HRQOL) and its associated factors in older adult populations. It is a well-known fact that chronic diseases and multi-morbidity are associated with worse HRQOL in older adults (Wikman, Wardle, & Steptoe, 2011). In addition to physical, mental, and environmental aspects, social factors may play an important role in HRQOL (Gu et al., 2019).

Previous studies have reported that older age (Racine, Sattler & Boehlen, 2021), female gender, lower occupational status (Ma & McGhee, 2013), lower income, external health locus of control (Helvik et al., 2016), and less social support (Sarla et al., 2020) are associated with lower HRQOL.

Social Support

Social support is the perception that one is cared for and helpful in predicting the quality of life. Social support is an important and supportive element in the quality of life of elderly people. Previous study shows that social support is heavily linked with stress and wellbeing. Research has documented many physiological and mental health benefits of social support and well-being, including improved immune function, positive adjustment to chronic diseases, and decreased depression and anxiety. Based on the buffering effect model, social support is an important protective element for people facing high-risk or high-stress events (Miloseva et al., 2017). Lakey & Ohrek's (2011) relational theory holds that social support serves to normalise effects and thereby shows a positive relationship with mental health.

Lous of Control

The locus of control is the basis of the social learning theory of personality (Rotter, 1954). It refers to people's beliefs about how much control they have over their lives and how much influence they have over what happens in the world. Locus of control states that behaviour is guided by different types of reinforcement. Locus of control is more explicitly an individual`s perception of the location of responsibility for the event (whether it`s negative or positive) which happens to that person (Miller & Lefcourt,1982).

There are two types of loci of control: a. Internal locus of control and b. External locus of control. Individuals with a strong internal locus of control believe events in

their lives are primarily a result of their actions. People with an internal locus of control tend to praise or blame themselves and their abilities. People with a strong external locus of control tend to praise or blame external factors such as the environment, political force etc.

Sharif (2017) investigated the mediating role of uncertainty in the relationship between locus of control with quality of life, anxiety, and depression. The results revealed that breast cancer patients with a higher internal locus of control and lower external locus of control experience a higher quality of life, lower anxiety, and lower depression. Also, uncertainty mediated the relationship between locus of control with quality of life and depression (quasi-significant).

Review of Literature

On the review of research, some important research findings are given here which also signals the research gap.

Social Support and Quality of Life

Unsar, Erol, and Sut (2016) wanted to understand how older people in Turkey are supported by their communities and how good their lives are. They chose 108 adults over 60 years old from Edirne. The results show that when older people get more support from their loved ones, they tend to have better lives. Also, things like whether they are married, who they live with, and how many medicines they take can affect their quality of life and support. This shows that it's important for older people to have support from their families and friends to have better lives.

Alipoor, Sajadi, Forozan & Biglarian (2009) in a study, ascertain the role of social support (help from family and friends) on the quality of life of older people living in a certain part of Tehran. They selected 100 older people and asked them questions to find out how much support they had and how good their lives were. They found that

having support from (family, friends and significant others), especially emotional support, makes a big difference in how happy older people feel. This indicates how important is to have people who care about you when you get older.

Geigl, Loss, Leitzmann, M., et al. (2023) in a study emphasized that how different things like age, income, and social support affect the quality of life for older people. They surveyed 1687 older individuals in Germany and used a special survey to measure their quality of life. They found that factors like feeling in control of health, being active, having friends, and having enough money were good for both physical and mental health. Feeling out of control of health and getting older were bad for both. Alcohol use and higher education were only good for physical health while being female was only bad for mental health. Overall, the study highlights the importance of considering various factors when helping older adults, especially in affluent European cities.

Locus of Control and Quality of Life

Bramston & Tomasevic (2008) explored how the quality of life, feelings of sadness (depression), and the belief in controlling one's health are related among older adults after retirement. It suggests that if older people feel they have no control over their health and give all control to someone else, it can lead to feelings of helplessness and sadness, impacting their perception of life quality. The research involved 101 older adults from a city in south Queensland who answered questions about their life quality, feelings of sadness, and beliefs about controlling their health. The results indicate that feelings of sadness act as a mediator between beliefs about controlling health and life quality, showing a complex connection between these factors.

Rizza et al. (2015) in a cross-sectional study evaluated the locus of control and its subscales in Parkinson's disease. A total of 50 consecutive Parkinson's disease participants and 50 healthy volunteers (control group) were enrolled. The external locus of control was significantly higher in Parkinson's disease participants, whereas the internal locus of control had no significant differences. External locus of control and internal locus of control were correlated in the control group, but not in Parkinson's disease. In Parkinson's disease participants, external locus of control was negatively associated with health-related quality of life as well as positively associated with emotional distress and disease severity (but not with disability). After adjusting to confounding variables, the associations remained. On the other hand, internal locus of control was negatively associated with depression.

Leist & Leist (2022) in the literature review argued that most of the literature on HLOC associates an Internal Health Locus of Control (IHLOC) with pro-health behaviours and better health outcomes. However, a few studies also suggest that in chronic illnesses, an External Health Locus of Control (EHLOC) could be beneficial with respect to pro-health behaviours and perceptions of Quality of Life (QoL), challenging assumptions about what leads to the most effective psychological coping in the face of difficult circumstances. This research found that individuals with higher disability scores tended to hold more EHLOC beliefs, and there was a significant correlation between QoL and holding EHLOC beliefs. This study was able to capture the importance of control beliefs in the QoL of individuals with MS with higher disability.

Objectives:

1. To examine the differences in the quality of life of elderly people of rural and urban residents.

2. To examine the differences in quality of life between male and female elderly people.

3. To examine the role of locus of control on quality of life among elderly people.

4. To examine the role of social support on quality of life among elderly people.

5. To explore the joint effect of locus of control and social support on the quality of life of elderly people.

Hypotheses:

On the basis of the literature review, the following hypotheses have been formulated:

1. There will be significant differences in quality of life between urban and rural elderly people.

2. There will be significant differences between male and female elderly people in quality of life.

3. There will be a significant difference in the quality of life between internally controlled and externally controlled elderly people.

4. There will be a significant positive correlation between social support and the quality of life of elderly people.

5. The locus of control will moderate the relationship between social support and the quality of life of elderly people.

Methodology

Sample:

The sample will be comprised of 400 elderly people from different regions of north Bihar. Their ages will be ranged from 50 to 70 years. The incidental sampling technique will be used for the data collection.

Measures:

1. Perceived Social Supports Scale

This scale was developed by Zemet et al. (1988). It contains 12 items that measure social support through three sources: - family, friends and significant others.

Each item is rated on 5 points Likert scale 5 for strongly agree and 1 for strongly disagree.

2. Quality of life Scale:

The WHO Quality of Life scale brief version will be used to measure the following dimensions of quality of life: physical domain, psychological, level of independence, social relationship, environment and spiritual beliefs. It was originally a 100-item scale. For the present research, a brief version of the quality of scale will be used.

3. Locus of Control Sale:

This scale was developed by Rotter (1971). It is a forced choice questionnaire in that respondents must select a response choice that provides a specific answer to each item. For each item, the respondents are required to select the statement they agree with the most from an 'a' or 'b' option. The 29-item version contains six filler items to make ambiguous the purpose of the test. Scores range from 0 to 13, with lower scores indicating internal control and higher scores indicating external control. The LCS is widely used.

Statistical Techniques

Following statistical techniques will be applied keeping in view of the nature of data obtained during data collection:

* Descriptive statistics
* Correlation
* t-test
* Regression

CHAPTERISATION

The thesis will be prepared into the following chapters:

1. Introduction
2. Review of Literature
3. Objective and Hypothesis
4. Methodology
5. Result and Discussion
6. Summary and Conclusion
7. References
8. Appendix

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